

<b>TRANSMITTAL FORM</b>	Attorney Docket No. <b>RPS920010126US1/2279P</b>
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In re the application of **BAILIS**

Date: **May 27, 2003**

Serial No: **10/016,772**

Group Art Unit: **2819**

Filed: **Dec. 10, 2001**

Examiner: **Chang, Daniel D.**

For: **METHOD AND SYSTEM FOR USE OF AN EMBEDDED FIELD PROGRAMMABLE GATE ARRAY INTERCONNECT FOR FLEXIBLE I/O CONNECTIVITY**



ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/>	Amendment with Extension of Time Request	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	0	0	0	\$18.00	\$ 0.00
Independent Claims	0	0	0	\$84.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT	
<input checked="" type="checkbox"/>	Check no. <b>5743</b> in the amount of <b>\$110.00</b> is enclosed for payment of one-month time extension fee.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <b>02-2120</b> (Sawyer Law Group LLP).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	May 27, 2003

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <b>May 27, 2003</b>	
Type or printed name	Grace Alicea
Signature	